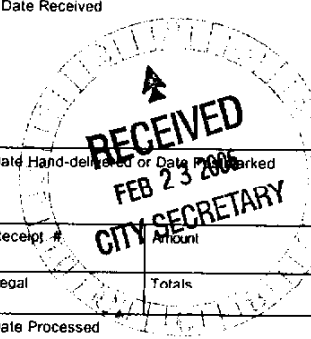


# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> ACCOUNT #		<b>2</b> Total pages filed: 9		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Annise	MI		
	NICKNAME	LAST Parker	SUFFIX		
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)		Date Hand-delivered or Date Mailed Receipt # Legal Date Processed Date Imaged		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report				
<b>5</b> ORIGINAL PERIOD COVERED	Month 01 / Day 01 / Year 2004	THROUGH	Month 06 / Day 30 / Year 2004		

**6** EXPLANATION OF CORRECTION

Due to an inadvertent clerical error, the payee information for certain expenditures reported on Schedule G was entered in the wrong parts of the form or was incomplete. This affidavit reports the payee names and addresses in the correct fields on the form.

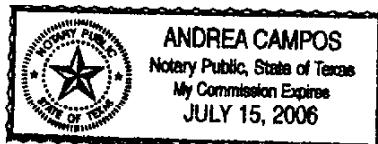
An expenditure on 1/7/04 to Hubbard Financial Services in the amount of \$1,633.31 was inadvertently reported on Schedule F as well as Schedule H. This affidavit corrects Schedule F and the corresponding totals on the cover pages.

I first learned of these errors and omission on February 6, 2006. I request a waiver of the late-filing fee because the report as originally filed substantially complied with applicable law, the errors and omissions in the report as originally filed were made in good faith, and I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed was inaccurate or incomplete.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Annise D. Parker*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Annise D. Parker this the 23 day of February, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Annis

NICKNAME

LAST

SUFFIX

Parker

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

☐ Change of Address

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 66513 Houston, TX 77266

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 713 ) 522-9000

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Kathy

NICKNAME

LAST

SUFFIX

Hubbard

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2615 Montrose Blvd

Houston, TX 77006

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 713 ) 522-9000

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☒

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

01 / 01 / 04

THROUGH

Month

Day

Year

06 / 30 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Controller

13 OFFICE SOUGHT (if known)

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME**  
Annise Parker**16 ACCOUNT #** (Ethics Commission file)**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 59,685.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 64,916.07

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 12,577.14

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10,000.00

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath\_\_\_\_\_  
Printed name of officer administering oath\_\_\_\_\_  
Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5600 1-800-325-6506  
**POLITICAL EXPENDITURES** **SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
18

FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date	Payee Name Payee address City; State; Zip Code	Amount (\$)
------	---	-------------

Purpose of payment (See instructions regarding type of information required)	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held		
--	---	--	--

Date	Payee Name Payee address City; State; Zip Code	Amount (\$)
1/7/2004	<b>Grant Martin Consulting</b> P.O. Box 667307 Houston, TX 77266-7307	\$152.63

Purpose of payment (See instructions regarding type of information required)	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held		
Election Day Push Literature			

Date	Payee Name Payee address City; State; Zip Code	Amount (\$)
1/7/2004	<b>Grant Martin Consulting</b> P.O. Box 667307 Houston, TX 77266-7307	\$280.80

Purpose of payment (See instructions regarding type of information required)	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held		
Lodging for Robert Jones (Campaign Corps)			

Date	Payee Name Payee address City; State; Zip Code	Amount (\$)
1/13/2004	<b>ACORN</b> 2600 South Loop West #271 Houston, TX 77054	\$100.00

Purpose of payment (See instructions regarding type of information required)	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held		
ACORN New Year's Benefit - Sponsorship			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule G:**2** FILER NAME

Annise Parker

**3** ACCOUNT # (Ethics Commission filers)**4** Date  
3/06/2004**5** Payee name  
Picadilly Cafeteria**6** Payee address; City; State; Zip Code  
[REDACTED]  
Houston, TX 77022**8** Amount  
(\$)  
\$250.00**7** Purpose of expenditure (See instructions regarding type of information required.)  
Sponsorship - Northside Democrats Breakfast☒ Reimbursement  
from political  
contributions  
intended**Date**  
4/02/2004**Payee name**  
Shell**Payee address; City; State; Zip Code**  
[REDACTED]  
Bastrop, TX 78602**Amount**  
(\$)  
\$12.95**Purpose of expenditure (See instructions regarding type of information required.)**  
Gas - Travel to EMILY's List Speech in Austin☒ Reimbursement  
from political  
contributions  
intended**Date**  
4/02/04**Payee name**  
Double Tree Guest Suites**Payee address; City; State; Zip Code**  
[REDACTED]  
Austin, TX 78701**Amount**  
(\$)  
\$15.00**Purpose of expenditure (See instructions regarding type of information required.)**☒ Reimbursement  
from political  
contributions  
intended**Date**  
4/03/04**Payee name**  
Chevron**Payee address; City; State; Zip Code**  
[REDACTED]  
Houston, TX 77006**Amount**  
(\$)  
\$19.35**Purpose of expenditure (See instructions regarding type of information required.)**  
Gas - Travel to EMILY's List Speech in Austin☒ Reimbursement  
from political  
contributions  
intended**Date**  
4/18/2004**Payee name**  
Victory Fund**Payee address; City; State; Zip Code**  
[REDACTED]  
Washington, DC 20036**Amount**  
(\$)  
\$1,200.00**Purpose of expenditure (See instructions regarding type of information required.)**  
Sponsorship☒ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule G:**2** FILER NAME

Annise Parker

**3** ACCOUNT # (Ethics Commission filers)**4** Date  
5/12/04**5** Payee name  
EMILY's List**6** Payee address; City; State; Zip Code

Washington, DC 20036

**7** Purpose of expenditure (See instructions regarding type of information required.)  
Annual Majority Council Dues**8** Amount  
(\$)  
\$1,000.00☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED